

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/585,790

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2	/		/		/	
3	/		/		/	
4	/		/		/	
5	/		/		/	
6	/		/		/	
7	/		/		/	
8	/		/		/	
9	/		/		/	
10	/		/		/	
11		/		/		/
12		/		/		/
13		/		/		/
14		/		/		/
15		/		/		/
16		/		/		/
17		/		/		/
18		/		/		/
19		/		/		/
20		/		/		/
21		/		/		/
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27		/		/		/
28		/		/		/
29		/		/		/
30		/		/		/
31		/		/		/
32		/		/		/
33		/		/		/
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35		/		/		/
36		/		/		/
37		/		/		/
38		/		/		/
39		/		/		/
40		/		/		/
41		/		/		/
42		/		/		/
43		/		/		/
44		/		/		/
45		/		/		/
46		/		/		/
47		/		/		/
48		/		/		/
49		/		/		/
50		/		/		/
TOTAL IND.	10	↓		↓		↓
TOTAL DEP.	31	←		←		←
TOTAL CLAIMS	41					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
54				/		
55				/		
56				/		
57				/		
58				/		
59				/		
60				/		
61				/		
62				/		
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64				/		
65				/		
66				/		
67				/		
68				/		
69				/		
70				/		
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73				/		
74				/		
75				/		
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78				/		
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83				/		
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86				/		
87				/		
88				/		
89				/		
90				/		
91				/		
92				/		
93				/		
94				/		
95				/		
96				/		
97				/		
98				/		
99				/		
100				/		
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	56	←		←
TOTAL CLAIMS			60			